

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

32596
Do not use this space.

1. PLACE OF DEATH

(a) County
 (b) Township
 (c) City St. Louis, Mo
 (e) Length of residence in city or town where death occurred yrs. mos. ds.

Registration District No. 791Primary Registration District No. 14003Registered No. 8650(d) Street No. People Hospital St.

(If death occurred in Hospital or Institution, write its name instead of street and number)

(f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Josephine Mitchell

(a) Residence, No. 4357a West Bell Street St. 11
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charlie Mitchell
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 14, 1888
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
35 49 5 29

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Emmett, Ark.
 (STATE OR COUNTRY)

13. NAME Calvin Wesley

14. BIRTHPLACE (CITY OR TOWN) Emmett, Ark.
 (STATE OR COUNTRY)

15. MAIDEN NAME Sarah Jones

16. BIRTHPLACE (CITY OR TOWN) Louisiana
 (STATE OR COUNTRY)

17. INFORMANT Vernon Abner
 (ADDRESS) 4357 West Bell

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Little Rock Ark DATE 9/15/37

19. FUNERAL DIRECTOR L. CARNER UNDERTAKING CO., INC.
 (ADDRESS) 2529 Washington Ave.

20. FILED SL 151937 J. Brebeck
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-13 1937

22. I HEREBY CERTIFY, That I attended deceased from

Aug 14 1937 to Sept 13 1937I last saw him alive on Sept 13 1937. Death is saidto have occurred on the date stated above, at 5A m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis Date of onsetDiabetes

Other contributory causes of importance:

DiabetesName of operation Clinical Date of noWhat test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury =Nature of injury =

24. Was disease or injury in any way related to occupation of deceased?

If so, specify L. B. Howell M. D.(Signed) L. B. Howell(Address) 2902 Jackson

STATEMENT BY LICENSED EMBALMER

I, Arthur L. Halliard, Licensed Embalmer No. 3389

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Arthur L. Halliard

Licensed Embalmer No. 3389

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)